

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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COMPETENCY CARD APPLICATION (For Reciprocal Only)

Applicant's Last Name	First	Middle	Initial	Phone Number
Applicant's Address				
City	State		Zip	
EMPLOYER'S NAME:				
Enclose completed competency card application, a copy of your current Minneapolis competency card and payment (\$20.00 for each card) to the above address. Checks must be payable to City of Saint Paul. PLUMBERS: ENCLOSE A COPY OF STATE PLUMBING LICENSE				
TRADES	Master Comp Card		Journeyman	Comp Card
Gas Burner A				
Oil Burner A				
Plumbing/Gas Fitter				
Refrigeration A				
Steam A				
If paying by credit card, please complete th	e following:	Master Card Visa	Exp. Date: Month/Yr	
Enter Your Account Number in the Boxes Below:				
Date: Name of App	plicant	Signa	ture of Applicant (Req	uired for all charges)

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